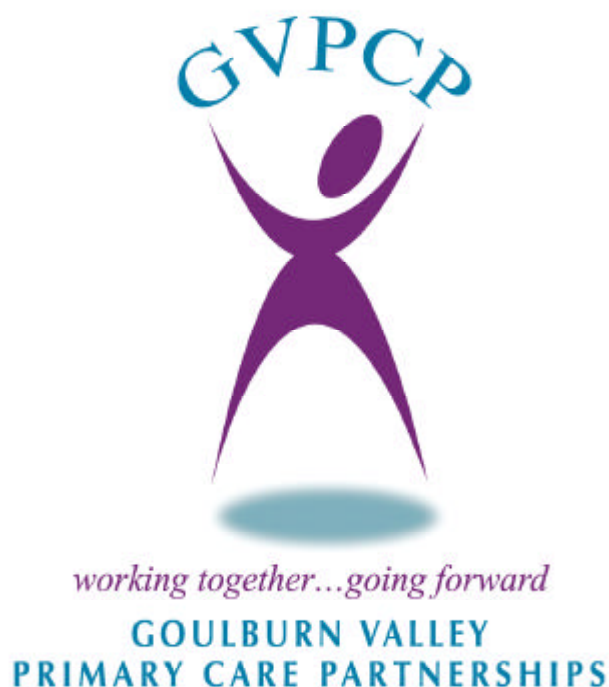


GOULBURN VALLEY PRIMARY CARE PARTNERSHIP



Better Rural Health Community Health Plan 2003-2005

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Introduction

Goulburn Valley Primary Care Partnership is pleased to present its third Community Health Plan. The GV PCP Community Health Plan 2003-2005 builds on the foundations and strategic directions of the previous two community health plans. This plan has been developed as a two-year plan, for a number of reasons:-

1. The 2002/2003 plan established ambitious goals, with implementation of medium and longer-term goals more realistic over a three-year rather than a one-year time frame.
2. The two-year planning timeframe will bring the Community Health Plan in line with the timeframe for Municipal Public Health Plans within the catchment, which are now entering the second year of their three-year timeframe.
3. Continuation of the collaborative partnerships and planning frameworks provided by Goulburn Valley PCP beyond the life of the funded PCP initiative has been sought by many of our member agencies.

The plan is presented in two parts, Part 1 outlines the context in which the Better Rural Health Community Health Plan has been developed and will be applied, and Part 2 identifies the priorities and strategies for the next 24 months. Achievements of Goulburn Valley PCP are described in the Key Achievements Report, presented as a separate document.

Part 1: Context

The GV PCP members first met in July 2000. It was through this meeting and subsequent member's forums held quarterly since then, that the vision, key principles and objectives underpinning the GV PCP have been identified, refined, and affirmed. These principles have been determined by our members to be essential for the longer-term sustainability and effectiveness of the PCP and include:

Vision

To provide an integrated and planned approach to health and well-being, based on the social model of health, in the local government areas of Moira, Greater Shepparton and Strathbogie

Principles

- Effective communication with members and within member agencies
- Ensuring a range of opportunities for participation for members and community; and enabling equity in participation
- Building on existing strengths of members and the wider community
- Gaining a better understanding of our community and its health needs, and of initiatives and services planned or in place to address these needs.

Objectives

To build effective and sustainable partnerships for integrated planning and collaborative action aimed at:-

- Improving access and co-ordination of services.
- Improving community health and reducing health inequality.

Strategies

Based on these principles and objectives, the following core strategies have been adopted by GV PCP:

- The Stewardship model of governance
- Communication Strategy
- Development of the GV PCP Knowledge Exchange
- The Better Rural Health - Collaborative Health Promotion Strategy
- The Better Access to Services Strategy
- Understanding Our Community – Community and Service Profile

The implementation of these strategies over the last 12 months provides the context for development of priorities and strategies for the 2003-2005 Better Rural Health Community Health Plan.

The Stewardship Model of Governance

Building on existing strengths is a key principle underpinning the GV PCP stewardship model. This model is based on the work of Peter Block. Through active engagement of member agencies and the development of project teams, all members have the ability to influence and make decisions regarding the provision of health services in the Goulburn Valley.

To facilitate the GV PCP, an Executive Committee and three project teams have been established to oversee the development and implementation of the three major components of the strategy, Partnerships, Service Co-ordination and Integrated Service Planning. Project staff and consultants have been employed as required to support the PCP in achieving its objectives with a preference to employ local people as a mechanism of building skills within the Goulburn Valley.

Strengthening workforce and organizational capacity in the Goulburn Valley has been applied strategically within the stewardship model of governance by employing local people and agencies to complete work for the GV PCP in preference to consultants from other regions. This encourages people to remain in the region and not drift to the City in search of employment challenges.

In keeping with this approach, the member agencies have been engaged to undertake specific components of GV PCP activity. For example, staff of the City of Greater Shepparton were engaged to co-ordinate development of the Service Co ordination policy manual; the General Practice Engagement Strategy has been managed by the GV Division of General Practice; the Consumer Charter and Engagement work has been co-ordinated by the Regional Information and Advisory Council, and a Privacy Toolkit developed by GV Family Care.

These strategies have enabled the GV PCP to maintain and extend its membership to 25 and now include a Koori agency as well increased participation of other health providers not directly funded for primary health services to participate in the GV PCP activities through the Service Linkage Strategy.

Communication Strategy

A cornerstone of the activities of the GV PCP has been to develop and provide a comprehensive communication strategy to support participation of members. This commitment to effective communication was identified in the initial formation of GV PCP and has remained as a central principle under-pinning the way GV PCP conducts its business. . This has been supported through quarterly member's forums, fortnightly newsletters, Road Show presentations to member agencies and community groups, and the Knowledge Exchange.

The GV PCP Knowledge Exchange

The GV PCP Knowledge Exchange is a pivotal component of the GV PCP communications, planning and partnerships strategies. The Knowledge Exchange operates in both electronic and paper formats, and provides members with: -

- population health and demographic information and analysis based on community and service profiles;
- an address book of member agencies and links to electronic service directories;
- a mechanism for members to post health promotion activities and events;
- access to a repository of GV PCP documents and discussion papers;
- a library of relevant documents and resource materials;
- links to health information and activities at a State and Commonwealth level and worldwide links for health information.

Better Access to Services and Collaborative Health Promotion Strategies

Through its Better Access to Services Strategy, and Better Rural Health – Collaborative Health Promotion Strategy, GV PCP has sought to achieve the following outcomes:-

- A better and more comprehensive understanding of our community and its experiences in accessing primary care services in order to inform quality improvement and service system development.
- Improved communication between consumers, primary care providers and other key stakeholders to enhance continuity of care and improved transition of care and care information between providers.
- Development of a process to streamline entry to and navigation of the service system to ensure access to the right service, in the right place, at the right time.
- Active involvement of member agencies in the development and adoption of agreed practice, policies, protocols and systems to support implementation of the service co-ordination model.
- Active involvement of member agencies in the implementation, evaluation and further refinement of the Service Co-ordination tool templates.
- Collaborative partnerships and integrated approaches to health promotion which make optimal use of existing networks, skills, organizational capacity and commitment in order to deliver planned and co-ordinated approaches to achieving better health.
- Improved capacity for promoting better rural health by strengthening shared understanding between agencies of health promotion principles and methods; improving the aggregation and use of data to inform health promotion planning and evaluation; and developing an agreed approach for determining collaborative health promotion priorities and interventions.

GV PCP's Key Achievements Report for 2002/03 provides further detail regarding the implementation and outcomes of these two strategies, which are summarized as follows:-

Better Rural Health- Collaborative Health Promotion Strategy

A key initiative of the integrated health promotion strategy is to develop *“partnerships across projects*, For example, this has included building on the *Foothold on Safety* project in relation to falls prevention, links with the *Best Practice Project ‘Quality Language Services in Rural Primary Care Settings’* best practice project, and the *Clean Air* health promotion project.

The Better Rural Health – Collaborative Health Promotion Strategy has enabled the engagement of member agencies who previously have not been able to respond to the changing focus of health to a health promotion framework due to lack of resources. Participation in the *Clean Air* project in particular has enabled member agencies to gain valuable practical experience in health promotion while at the same time fulfilling their Occupational Health and Safety responsibilities.

The *Clean Air* project has involved member agency staff being trained as smoking cessation facilitators, and the development of draft policies and tools for agencies to assess risk for staff from passive smoking when undertaking home visiting services.

Voice-over and sub-titling in Italian and Greek of the *“Active for Life”* falls prevention video, provided a *“partnerships across projects”* approach between the *“Quality Languages Services in Rural Settings”* best practice project which aimed to promote effective use of language services, and the *“Foothold on Safety 2”* initiative promoting falls prevention.

Better Access to Services

Implementation of the GV PCP Better Access to Services strategy has focused on:-

- Commissioning of the City of Greater Shepparton to co-ordinate the development of Policies, Procedures and Protocols to support the introduction of service co-ordination tool templates, and the GV PCP Better Access to Services strategy.
- Supporting member agencies in implementing the Better Access to Services strategy by developing and providing hard copy and electronic toolkits developed on Consumer Charters, Consumer Engagement, and Information Privacy.
- Design and/or further refinement of additional specific assessment tools and related procedures, to complement the profiles available in the Service Co-ordination tool templates in regard to a) Identification of the need for an interpreter; and b) Smoking cessation. Use of these complementary tools will be further developed in 2003/04.

Understanding Our Community

One of the key principles underpinning the GV PCP is to better understand our community and its needs, in order to inform service co-ordination, service development and health promotion. The GV PCP Community and Service Profile was up-dated during the year, and in addition to electronic access through the GV PCP Knowledge Exchange, was supplied in manual form to member agencies.

The Goulburn Valley community demonstrates the following general features:-

- The area serviced by GV PCP is characterized by a rapidly growing and ageing population. As with most regions, a greater proportion of the community is living longer. The consequences of this are increasingly being seen through greater demands on health service providers across acute health, community health, mental health and aged care services, and upon older people, their families and carers.
- The immediate catchment has experienced significant population growth of 8.29% since 1996, with an estimated current residential population of 92, 976. This is drawn from the three local government areas of the City of Greater Shepparton (57, 202) and the Shires of Moira (26, 436) and Strathbogie. Population numbers swell by an estimated 10,000 during the fruit harvest from December to March, when itinerant workers from throughout Australia and overseas converge on the region.
- The GV PCP catchment covers a large geographical area of 10,433 square kilometers, with the greatest population concentration occurring in the Shepparton urban area, surrounded by smaller townships and more isolated dairy, grain, sheep and irrigated fruit growing areas where the population is more thinly spread. Travel time, distance, and transport options across the catchment can present barriers to accessing services and community supports.
- The GV PCP catchment is also home to some 6000 indigenous Australians, the largest Aboriginal population in regional Victoria. This is an important consideration for GV PCP given the proportionally higher rate of chronic illness and disability of chronologically younger indigenous persons. An Aboriginal Health profile has recently been drafted for inclusion in the GV PCP Knowledge Exchange – Community and Service Profiles, and will be built upon during 2003-2005 through further analysis of service utilization data through Rumbalara Aboriginal Co-operative, and Goulburn Valley Health.
- The region's pronounced cultural and linguistic diversity is characterized by established communities primarily as a result of Southern European post-war migration, and more recently arrived communities from countries such as Turkey, Iraq, Iran and the former Yugoslavia. This includes approximately 2000 Arabic speaking refugees who have arrived in the area over the last two years, who have settled primarily in Shepparton and Cobram.

- In terms of health status, the region shares many characteristics common to other rural communities in Victoria. As describe in the Burden of Disease Study, these include a high incidence of chronic disease, road accidents, skin cancers, farm injuries and work safety accidents.

Future Directions and Opportunities

There is opportunity over the next 12 months to consolidate partnership structures and processes within Goulburn Valley PCP to enable sustainable approaches to service co-ordination and integrated planning. This will involve:-

- Review of the Memorandum of Understanding, including the current executive membership structure.
- Review of the sub-committee structure to enable a stronger focus on driving priority areas of the community health plan.
- A strengthened focus on consumer engagement and participation.
- Development of a Collaborative Health Promotion network within the catchment.
- Further development of the GV PCP *Better Access to Services Strategy* (May 2002), including further development and evaluation of “Flagship” models for service co-ordination, which were commenced in 2002-2003.
- Building on the collaborative health promotion planning framework described in GV PCP’s *Better Rural Health: Integrated Health Promotion Strategy* (June 2001: Revised May 2002).
- Maintaining and developing the GV PCP communications strategy, including the GV PCP Knowledge Exchange.
- Participating in planning and development of ICT and Statewide Service Directory developments.

GV PCP recognises that there are a range of key issues from a social model of health perspective, which have not yet been addressed in a strategic way within the catchment. Issues which have been flagged by member agencies include concerns regarding high levels of socio-economic disadvantage and unemployment within the region; poor public transport access; and lack of public housing and accommodation options for frail, aged and disabled people. A further concern is rural workforce recruitment and retention in primary and community services. Better understanding of these concerns, and of current cross-sector approaches to addressing them, will be a focus of GV PCP research and development over the next 2 years.

Planning will be informed by a range of emerging trends and new developments within the community including:-

New Research

Better understanding of the health of our community has been highlighted by the Crossroads Rural Health Studies undertaken by the University of Melbourne School of Rural Health, and released in May 2003. Among other preliminary findings, eye problems were the most commonly self-reported medical conditions for adults in all four towns under study within the Goulburn Valley PCP catchment, and obesity rates in all areas, were higher than the national average, and greater than found in the Australian Diabetes, Obesity and Lifestyle Study. Dissemination of these recently released reports through the Community and Service Profiles component of the GV PCP Knowledge Exchange is currently being undertaken.

Significant Events

The impact of one of the worst droughts in Victoria is likely to impact on Goulburn Valley communities for several years, in terms of stock and crop production levels and prices; farm viability; and subsequent impacts on small businesses. In addition to the more obvious economic impacts, the health and social effects upon families are reported to be widespread, but more difficult to quantify. Relationship difficulties, depression and anxiety, have been identified as key social and emotional health and well-being issues impacting on farming communities within the catchment.

In addition to the social and emotional health impacts, anecdotal evidence suggests that as farm income has declined, families are finding it more difficult to pay for healthcare, such as Medicare gap payments to GP’s, pharmacy, and community health fees. The concern is that farming families may therefore put off having their health care needs attended to, for fear of the additional financial burden this will cause.

Service Development

Several new projects, programs, and services have been established within the catchment over the past year, which will impact on the range and accessibility of services, including:-

- The *Best Start* initiative co-ordinated through the City of Greater Shepparton, which focuses on the health and well-being needs of young child aged between 0-8 years, and their families.
- The *Hospital Admission Risk Program* (HARP) initiative being undertaken by Goulburn Valley Health which is developing a Chronic Illness and Complex Care Program.
- The *Past Pieces Positive Futures* project being co-ordinated by GV Community Health Service which works with the local community and Iraqi refugees in Cobram, to support their adjustment and participation in community life.
- The *ALERT* project co-ordinated by Goulburn Valley Division of General Practice seeks to ensure effective follow-up of people presenting to Emergency Departments with self-harming behaviour.
- The *Integrated Diabetes Care* 3-year quality improvement program being co-ordinated by GV Health, which aims to improve access to diabetes, services and promote diabetes self-management.
- The *Consumer Information* Project being co-ordinated by GV Health which aims to build staff skills in producing well-written consumer information.
- Continuation of the *Footholds on Safety 2 Falls Prevention* program across the GV PCP catchment, with a focus on development of local community Tai Chi and Strength Training options.

Part 2: Operational Plan

Introduction

The 2002-2003 GV PCP Community Health Plan identified five Better Rural Health priority issues. These priority issues for community health improvement will continue to be the focus of partnership activity in 2003 and beyond, and include:-

- Promoting social and emotional health and well-being;
- Injury prevention;
- Chronic Illness prevention, management and self-management;
- Promoting Healthy Aging; and
- Building Healthy Families.

The operational plan sets out the activities to be undertaken by GV PCP members over the next 12 months to address these priority areas. This plan will require further detailing through the development of specific action plans and implementation teams will be established to drive the achievement of plans.

Planning Principles

In developing the operational plan for its 2003-2005 Community Health Plan, GV PCP has sought to:-

- Strengthen our understanding of the community we serve and its needs by reviewing and up dating the community and service profile for the catchment.
- Identifying community health improvement priorities based upon this profile and taking into consideration emerging issues within the community.
- Use evidence based and continuous quality improvement approaches to identifying appropriate strategies for responding to priority areas.
- Identifying the existing plans, programs or service development projects that are operational in the catchment area and developing strategies, which build on, or link with these. E.g. Municipal Public Health Plans.
- Building on the achievements of the PCP and the capacity of its member, by using multi-factor approaches which complement member agency core responsibilities.
- Identifying and supporting priorities and strategies, which have greatest capacity for involving the majority of members, and in supporting collaboration between members.
- Consult with PCP members through Project Team meetings, Members Forums, Focus Groups and individual consultation with key personnel to bring together a wide range of knowledge and experience to inform priority and strategy development.
- Referring to relevant policy and planning documents underpinning the National Better Health Priority Areas and State Health Priorities to inform both priority and strategy selection.

Structure of the Operational Plan

For each Better Rural Health priority issue, the 2003-2005 operational plan provides:-

- A Community and Service Profile summary of the issue
- A summary of the existing and emerging priorities within this profile
- Identification of selected strategies to be undertaken during 2003-2005

Strategies selected fall within one of three main areas of focus:-

- **Service Co-ordination** - to further build on the GV PCP Better Access to Services Strategy
- **Health Promotion** - to further build on the GV PCP Better Rural Health: Collaborative Health Promotion Strategy
- **Consumer Information** - to promote member agency adoption of consumer participation strategies, while at the same time support Service Co-ordination and/or Health Promotion objectives.

Better Rural Health: Social and Emotional Health and Wellbeing

Community & Service Profile

Social and emotional wellbeing is a state of mental health where the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively or fruitfully and is able to make a contribution to his or her own community (WHO, 1999).

GV PCP recognizes that there are a number of factors, which can impact on the extent to which people are able to cope with the normal stresses of life, and to engage and participate in community life.

Drug and alcohol related harm, family violence, relationship breakdown and divorce; social isolation, poverty, low literacy and other indicators of social disadvantage suggest the need for pro-active strategies to strengthen social and emotional health and wellbeing.

Within the GV PCP catchment, two vulnerable population sub-groups have been identified. These include farming communities affected by drought and Arabic speaking refugees from Iraq and Kuwait.

The Impact of Drought

The impact of one of the worst droughts in Victoria is likely to impact on Goulburn Valley communities for several years, in terms of stock and crop production levels and prices; farm viability; and subsequent impacts on small businesses. In addition to the more obvious economic impacts, the health and social effects upon families are reported to be widespread, but more difficult to quantify. Relationship difficulties, depression and anxiety, have been identified as key social and emotional health and well-being issues impacting on farming communities within the catchment. The longer-term social and emotional impacts of their experiences can be reduced through a range of strategies, including supporting them to self-management stress

As farm income has declined, families are finding it more difficult to pay for healthcare, such as Medicare gap payments to GP's, pharmacy, and community health fees. The concern is that farming families may therefore put off having their health care needs attended to, for fear of the additional financial burden this will cause.

Social and Emotional Connectedness for Arabic speaking refugees from Iraq and Kuwait

The Goulburn Valley region has experienced a significant increase in the numbers of refugees from Iraq and Kuwait, who have settled primarily in Cobram and Shepparton. Many of these refugees have a history of several years living in refugee camps, torture at the hands of political regimes, and have become displaced persons.

Common trauma effects for refugees are:

- Anxiety
- Feelings of Helplessness
- Perceived loss of control
- Changed Relationships
- Capacity for intimacy altered
- Grief
- Depression
- Shattering of previously held assumptions;
- Loss of trust
- Meaning and identity destroyed
- View of the future altered
- Guilt
- Shame

(Victorian Foundation for Survivors of Torture – 1998)

Creating environments that are supportive of positive social and emotional wellbeing are important for improving the health outcomes of communities. Identified approaches to supporting positive social and emotional wellbeing include promoting opportunities for social connectedness, professional development that assists disadvantaged groups to access health and community services and increased knowledge and skills for coping with stress and building resilience.

Priorities

One of the key issues for GV PCP member agencies is that in many cases staff members and/or their family members are also directly affected by the drought. A feature of the health workforce in this catchment is that staff members and their families are often also involved in farming. For example, the district nurse who works part-time to supplement the families farming income. Hence, while PCP staff are providing support through their professional roles to individuals and families experiencing difficulties related to the drought, they or their family members may be experiencing similar difficulties in their personal lives.

The concern of GV PVP is to better support and develop staff capacity so that they can provide better access to information and services to assist others to better understand and cope with stress, while at the same time empowering staff to manage stress factors within their own professional and personal life.

Strategies

To address these priorities, GV PCP will undertake activities to develop staff capacity. It will do this by co-ordinating training and skill development in stress management and coping skills techniques, and through this increased capacity will:

- Assist community members who have been affected by the drought to access and apply stress self-management information.
- Assist Iraqi and Kuwaiti community members to access and apply culturally appropriate stress self-management information.

To support staff in undertaking these roles, GV PCP will ensure that consumer information about coping with stress is accessible and available in appropriate languages.

Strategy 1: Access to Stress Management

Problem Definition

Goals

To build staff capacity in providing stress management education and information to vulnerable farming and refugee families.

Objectives

To improve staff and consumer access to current and culturally appropriate stress self-management information and services.

To undertake activities to develop staff capacity in:-

- Understanding stress and stress management coping skills
- The use of the Psychosocial Profile: Service Co-ordination Tool Template
- Engaging with consumers to identify and respond to their information and support needs in relation to stress management

Population Target Group

GV PCP member agency staff

Consumers across the GV PCP catchment area including two priority sub-groups:-

- Arabic speaking refugees from Iraq and Kuwait
- Farming communities affected by drought

Solution Generation

Use evidence based practice and good practice models:

The Community Mental Health Plan 2002/03 identifies developing staff skills in mental health literacy as a key issue. Staff of the Primary Mental Health and Early Intervention Team, will be called upon to provide input into development of an appropriate curriculum for staff education in identifying and responding to stress.

The Goulburn Valley Primary Care Partnership will use an Action Research approach to engage with consumers in identifying and/or developing culturally appropriate stress management information and the most effective way of distribution. The *GVPCP Consumer Participation Resource Kit* will guide the process of consumer engagement for the Action Research. The resource kit will also be used as a starting point for discussion about consumer information and best practice examples.

This initiative will build on existing projects addressing the specific needs of refugees from Iraq and Kuwait, for example, the Past Pieces Positive Futures project, which builds on the “A Country Welcome” project previously undertaken in the Moira shire. The project works with the Iraqi community in identifying their stressors and strengths, and developing strategies and techniques to manage the change in their environment, and to adjust to becoming active participants in their community

A range of initiatives to assist farming families affected by drought are already in place through local government, through farming industry peak bodies, and through a variety of State and Federal Government initiatives. The GV PCP will complement these initiatives by providing health education and information in regard to stress management coping skills and support options.

Identify Relevant Statewide action

Vic Health is currently implementing the *Together We Do Better* campaign promoting mental health and well-being. Resource materials from this program will be drawn upon as needed to inform and support the GV PCP strategy.

The current review and development of counseling / casework services through DHS funded Community Health programs will also inform strategy development.

Identify the Appropriate mix of interventions

The mix of interventions for this strategy includes health education, workforce development, and organizational development. This strategy will build PCP member workforce skills, and capacity for applying these skills in working with farming and refugee communities.

Identify the Activities required

- Liaise with the Primary Mental Health & Early Intervention Service for stress management professional education curriculum development
- Conduct staff training in identifying, understanding, preventing and managing stress
- Conduct staff training in use of the Psychosocial Profile Tool
- Through action learning projects, build staff skills in applying the Language Services Toolkit guidelines for using translators; in developing well-written consumer information; and in applying the Consumer Participation Resource Kit, by involving them in the following activities:-
 - Gather & identify the range, quality and cultural appropriateness of written consumer information about stress self-management, and how it is distributed
 - Review this material with consumers & identify gaps
 - Draft or revise material as required and commission translated publications.
 - Develop dissemination plan
 - Registration of publications and disseminate register information through the Knowledge Exchange to members and to the CEH translated publications register

Support and Resources

Identify the roles and responsibilities of the key stakeholders, including who will implement and monitor each activity:

Dedicated project worker time will be required to co-ordinate and monitor this initiative, and will be supported through:-

- The Past Pieces Positive Futures steering committee, which includes Iraqi consumers, local community members, PCP member agency staff, and DHS representatives.
- The Primary Mental Health and Early Intervention program and its steering committee, which includes PCP member agencies.

The HACC Ethnic Health Worker employed through the Regional Information and Advocacy Council will be called upon for specific input and advice in regard to translation of publications.

Relationships Australia, who have provided a range of written and workshop information for farming communities on coping with stress, will be consulted in relation to the selection and development of appropriate written information about stress management techniques and programs.

At least five staff members from GV PCP member agencies will be invited to participate in action learning projects.

Assessment and allocation of resources

Dedicated staff time, staff education/workshop costs, printing and stationery, catering for culturally appropriate food, and translation costs will be the most significant cost items for this strategy.

Identify key capacity building strategies required to ensure success (including workforce development)

Workforce development will be integrated within the strategy in the areas of:-

- Culturally sensitive practice
- Well-written consumer information – including commissioning of translated publications
- Consumer participation and consultation
- Understanding stress and stress management techniques
- Using the Psycho-social Profile tool

Identify proposed timeline

This strategy will be undertaken over a 12 month period, with on-going dissemination.

Plan for Review and Evaluation

Process:

Number of PCP member agency staff participating in stress management training

Number of PCP member agency staff participating in Psycho-social profile training

Number of PCP member agency staff participating in action learning projects

Impact:

At least 3 publications and translated publications developed through the action learning projects

PCP staff member's feedback on skills gained

Outcome:

An increased number of member agency staff with skills and confidence in providing stress management information to clients.

An increased number of member agency staff with skills and confidence in commissioning translated publications, including consultation with consumers.

Member agencies report increased and effective use of the psycho-social profile tool.

Arabic speaking refugees will have access to culturally appropriate information on stress management.

Farming communities will have access to appropriate information on stress management.

Better Rural Health: Injury Prevention

Community and Service Profile

Injury prevention and control are one of six National Health Priority Areas due to the high health burden and potential to achieve significant health gains. Transport-related injury, work-related injury, falls injury among older people and children, and water safety are five of the priority areas identified in the *National Injury Prevention Plan: Priorities for 2001-2003*. (Department of Health and Aged Care, 2001).

The “Modeling Emergency Demand for Injury Conditions Study” (DHS Public Health Branch and Monash University Accident Research Centre June 2002) identified that Goulburn Valley PCP catchment rates of hospital admission for child poisoning were the second highest in rural Victoria. The Goulburn Valley PCP catchment was also identified as one of four rural PCP’s with the highest number of admissions for fractured neck of femur resulting from falls among older persons.

The National Injury Prevention Advisory Council (NIPAC) identified ‘Falls in Older People’ as a priority area for immediate action based on the evidence of burden, cost-benefits of intervention and a clear and actionable role for the health sector (Department of Health and Human Services, 2001). Within the Goulburn Valley Catchment Area 1928 people age 65 and over (older people) presented to emergency departments due to a fall. 50.1% of these people were aged 80+. Forty nine percent of falls in older people in the catchment area resulted in hospital admissions and a further 6.1% transferred to another hospital campus.

Development of the Falls and Mobility Clinic at GV Health, and the continued development of the Footholds On Safety 2 initiative, has contributed to an extensive network within the region promoting mobility and physical activity to reduce falls risk, particularly through Tai Chi, and strength training.

Priorities

GV PCP will continue to focus on falls prevention in this Community Health Plan to consolidate its work in previous years, with a focus on:-

- better management of the external/environmental factors contributing to falls risk, and
- the development of a sustainable network within the catchment to drive a strategic approach to falls beyond the life of the PCP or individual falls prevention projects.

As identified in the 2002-03 Healthy Aging Health Promotion Plan, GV PCP member agencies also have a responsibility from a Public Risk perspective, to reduce falls risks and hazards for clients attending their facilities, and from an Occupational Health and Safety perspective, to reduce falls risks and hazards for staff in their workplace.

A range of falls prevention projects have been conducted within the region in community and aged care settings. The concern of GV PCP is that the learning, tools and energy of these projects need to be carried on in a strategic way. One strategy GV PCP will enlist to achieve this is to disseminate the information through GV PCP’s Knowledge Exchange.

New and emerging issues identified by GV PCP member agencies include the need to further investigate the findings of the *Modeling Emergency Demand for Injury Conditions Study* in regard to child poisoning, and to review current health promotion approaches to farm injury prevention within the catchment.

Strategies

Identification of a suitable workplace falls risk assessment tool for GV PCP member agencies was undertaken in 2002-03. Refinement of this tool, and piloting in selected member agencies will be undertaken in 2003-04.

Strategy 1: Falls Risk Prevention in Primary Care Settings

Problem Definition

Since 1999, in the retail sector alone, over \$10.5 million has been paid for claims related to slips, trips and falls. It is estimated by the Victorian Workcover Authority that each injured person averaged over 4 weeks off work. Injured staff may also require medical treatment, they may need to be replaced (temporarily), and their colleagues may witness them being hurt, which can be equally as disruptive. It's a difficult and potentially damaging situation for any workplace but one that is easily preventable. As a risk management strategy therefore identifying falls risks within member agency premises, and acting on reducing or eliminating those risks, can be an effective practice.

It should also be noted that where the buildings themselves can contribute to the increased risk of injury to staff this risk is also translated to the clients and consumers who visit the premises. Current searches have failed to locate falls risk audits that relate to anything other than wet areas and bathrooms for aged and acute care services, or the retail sector.

Goal

To reduce the risk of falls by clients and/or staff attending primary care facilities.

Objective

To develop and implement a falls risk identification tool and prevention strategy, which can be applied in Primary Care settings.

Population Target Group

Clients attending centre based primary health care facilities
Staff who work in those facilities.

Solution Generation

Evidence based practice and good practice models

A range of literature on falls prevention is available to inform interventions and strategies in arrange range of settings, to reduce the risk and harmful effects of falls. GV PCP recognizes that as the population ages, the risk of falls and falls related harm is likely to increase. In addition to specific falls risk prevention initiatives in acute health, and residential care, community settings are one of the key environments in which falls risk can be minimized, and includes the setting in which primary and community care services are provided.

For GV PCP member agencies this environmental setting includes:-

- The clients home
- The center or service site from which community/primary care services are provided to consumers

In addition to the community health improvement objective of reducing falls risk and harm, GV PCP member agencies have a responsibility to provide a safe working and service delivery environment in which staff Occupational Health and Safety and Public Liability risks are effectively minimized and managed.

Relevant statewide action

There exists a wide array of both *Injury Prevention* and *Falls Prevention* programs across the State. FootHold on Safety is currently running across the State and GV PCP has local links with programs at both Phase 2 and Phase 3 levels.

The *Victorian Injury Prevention* program works towards developing strategies at State and National levels, to reduce the incidence of injury in the Australian population. This program is engaged in a diverse range of activities including the provision of policy advice, the development of strategies, funding of various programs and projects, research support, stakeholder liaison, monitoring and evaluation.

Appropriate mix of interventions

The mix of interventions for this strategy includes workforce development and organisational development to achieve safer settings and supportive environments. This strategy will build GV PCP member agency's workforce skills to reduce the risks and hazards of falls in their buildings and premises, and support member agencies to develop organization-wide approaches to addressing falls risk as a health promotion, occupational health and safety, and quality improvement issue.

Activities required

- A draft environmental risk screening tool was developed in 2002/03 and will be piloted in three member agencies this year.
- Guidelines in the use of the screening tool will emphasise the use of the screening tool for identification of hazards and the expectation is that this will then trigger corrective action as part of the quality improvement cycle.
- Review of the Service Mapping Activity undertaken in 2001 will be undertaken to identify / revise details regarding PCP member agency service outlet sites.
- Investigate member agencies current approaches to identifying and recording staff or consumer falls incidents in their service sites.
- Education sessions on falls risk and falls risk prevention will be undertaken.
- GV PCP will also investigate the feasibility of adapting the Falls Risk Audit for Workplaces to other settings relevant to the catchment, in particular orchards and dairy farms. Investigations will be carried out into the range and availability of best practice consumer information relating to reduction of falls risk in those industries.

Support and Resources

Roles and responsibilities of stakeholders

Dedicated project worker time will be required to co-ordinate this initiative, and will be supported through GV PCP Executive Committee, Team Leader and Occupational Health & Safety officers from member agencies.

Assessment and allocation of resources

To support this initiative 0.25 FTE of a Health Promotion Officer for 12 months will be required.

Key Capacity Building Strategies

Workforce development will be integrated within the strategy by provision of staff education on falls risk prevention; staff involvement in the process of trialing the tool; and through staff participation in the development of user guidelines. Organisational development will be addressed by the integration of the Falls Risk Identification Tool into agency's Occupational Health & Safety Policy and Procedures.

Proposed Timelines

This strategy will be undertaken over a six month period, with on-going dissemination.

Plan for Review and Evaluation

Process

Three GV PCP member agencies will participate in the trial of the tool

Impact

Completed tool will be available to 100% of GV PCP member agencies

At least 5 member agencies will integrate the tool into OH&S Operating Manuals

Outcomes

GV PCP member agencies will have an increased capacity to reduce the risks and hazards of falls, of both staff and consumers, in their buildings and premises.

BETTER RURAL HEALTH: INTEGRATED HEALTH PROMOTION PROGRAM PLAN 2003-2005 – Injury Prevention

Name: Goulburn Valley Primary Care Partnership.

Program Goal: To reduce the risk of falls by clients and/or staff attending primary care facilities.

Population Target Group Member agencies of Goulburn Valley Primary Care Partnership.

Program Objectives	Interventions/Capacity Building strategies	Impacts (Qualitative &/or Quantitative)	Reach	Timelines & By Whom	Estimated Staff Costs (including staff on-cost)	Estimated Consumables Costs	Estimated Total Cost
<p>Objective 1: To develop and implement an environmental falls risk identification tool and prevention strategy, which can be applied in Primary Care Settings.</p>	<p>CAPACITY BUILDING Organisational Development Strategy 1 Working with OH&S representatives from member agencies, undertake development of users' guide to Falls Risk Audit for Workplaces tool. Trial Falls Risk Audit for Workplaces tool in three GV PCP member agencies. Disseminate findings to inform best practice development in GV PCP member agencies.</p>	<p>At least five member agencies will integrate the tool into OH&S Operating Manuals. GV PCP member agencies will have an increased capacity to reduce the risks and hazards of falls, of both staff and consumers, in their buildings and premises.</p>	<p>Three member agencies will be involved directly in the trial. Completed tool will be available to 100% of GV PCP member agencies and affiliate members</p>	<p>Health Promotion officer, three member agencies participating in trial; trial to be completed by end February 2004, with on-going dissemination</p>	\$13,000	\$1,000	\$14,000

Program Objectives	Interventions/Capacity Building strategies	Impacts (Qualitative &/or Quantitative)	Reach	Timelines & By Whom	Estimated Staff Costs (including staff on-cost)	Estimated Consumables Costs	Estimated Total Cost
<p>Objective 2: To investigate the feasibility of adapting the Falls Risk Audit for Workplaces to rural business settings</p>	<p>Resource Development Strategy 1 Liaise with peak industry bodies to investigate current priorities and strategies in addressed falls risk in the farm setting.</p> <p>Investigate data on the incidence of falls related injury in local rural business settings.</p> <p>Investigate the range of best practice information available relating to reduction of falls risks in relevant rural businesses, e.g. dairy and/or mixed farms, orchards.</p> <p>Develop a planning brief to inform GV PCP planning and development for 2004/05</p>	<p>GV PCP member agencies will have a better understanding of current information and strategies available to reduce falls risk in rural business settings: the feasibility of adapting and trialling the Falls Risk Audit in this setting will be understood, and will inform further GV PCP health promotion planning.</p>		<p>Health Promotion officer to be completed by end February 2004,</p>			
TOTAL COSTS					\$13,000	\$1,000	\$14,000

Better Rural Health: Chronic Illness Prevention, Management and Self- Management

Community and Service Profile

Resourcing the demands of chronic illness management accounts for the largest hospital expenditure in Victoria and is projected to increase with Victoria's ageing population growth. Chronic illness Management considers five of the six National Health Priorities and these include cancer, cardiovascular disease, mental disorders, diabetes and asthma. The Goulburn Valley catchment has one of the largest Aboriginal populations in rural Victoria. The prevalence of chronic illnesses such as diabetes, respiratory conditions and heart disease has been identified as a major concern for the community.

Goulburn Valley PCP acknowledges the importance of chronic illness prevention, management and self-management to reduce hospital expenditure and disease burden experienced by people in the catchment area. Supporting individuals, families and communities in managing chronic illness also contributes to reducing the risks of co-morbidity that may occur from chronic illness.

Disability Adjusted Life Years (DALY) rates within the catchment show trends not uncommon in other regions of Victoria. Further analysis of chronic illness within the catchment and within specific disease groups is detailed in supplementary profiles to the GV PCP Community and Service Profile.

The development of the HARP initiative at Goulburn Valley Health has resulted in the successful recruitment of a Chronic Disease and Complex Disease Management co-ordinator, which has enabled partnerships to occur between Goulburn Valley Health and other primary health service providers to identify and address the issues arising from co-morbidity.

Diabetes

Research has identified that rural people are at greater risk of diabetes related mortality and morbidity than their metropolitan counterparts, and that rural people experience:

- Higher hospitalisation rates due to diabetes; and
- Lower rates of screening for complications of diabetes such as diabetic retinopathy.

The Victorian Ambulatory Care Sensitive Conditions Study (2001) identified that Goulburn Valley had the 5th highest admission rate for diabetes complications amongst PCP catchments.

The DALY rates for males and females in the local government areas within the GV PCP catchment area are similar to the State average however females in Greater Shepparton have a higher DALY rate (4.6/1000) than females in within the Hume Region (3.8/1000) and Victoria (4.1/1000).

Cardiovascular Disease

Cardiovascular disease is the leading cause of DALY's for males within the GV PCP catchment. It is the leading cause of DALY for females of Greater Shepparton and second leading cause of disability for females in Moira/Strathbogie, which has a high DALY rate for Cancer. Compared with other Victorian local government areas, females in Greater Shepparton are ranked 50th for Cardiovascular disease and males 21st. In the Moira/Strathbogie Shires DALY rates for cardiovascular disease is ranked 25th.

These rates are significant because cardiovascular disease is the largest cause of premature death and death overall in Australia, accounting for 40% of all deaths in 1996, and its health and economic burden exceeds that of any other disease. Coronary heart disease is the leading cause of death in Australia, claiming 27,825 lives in 1998. Stroke is Australia's second greatest killer and the leading cause of long-term disability in adults. Indigenous people also die at a twice the rate than other Australian's from Cardiovascular disease.

Mental Disorders

The prevalence of Mental Disorders in the GV PCP catchment in terms of DALY's, for both males and females identifies Moira and Strathbogie Shires as experiencing a higher burden than the Victorian and Hume averages. (

As an individual condition, depression accounted for the most DALY's and was higher than the State average across all 3 LGA's in the GV PCP catchment area. Suicide, alcohol dependency and misuse and generalised anxiety disorders were ranked next after depression. Of the above Mental Disorders, Strathbogie and Moira LGA's also had higher than average DALY's for alcohol abuse/dependency and generalised anxiety disorders. Suicide for males in the Shepparton LGA was higher than the average rate for the Hume Region.

A particular issue recognized by GV PCP is the high prevalence and quantity of smoking amongst people with long standing mental disorders, and their generally poorer health status. In particular, co-occurring mental illness and poor management of diabetes has been identified as a major concern.

Priorities

Three priorities areas for Chronic Illness prevention, management and self-management priorities have been identified.

- Addressing modifiable risk factors by reducing tobacco harm,
- Improving service co-ordination for people with co-occurring mental illness and diabetes.
- Better understanding the health needs of our Aboriginal community.

Strategies

Strategy 1: Reducing Tobacco Harm health promotion initiative

Strategy 2: Mental Illness and Chronic Illness.

Strategy 3: Aboriginal Health Data Resource Development

Strategy 1: Reducing Tobacco Harm

Problem Definition

In May 2000, the Anti-Cancer Council of Victoria's Cancer Epidemiology Centre released data on the level of smoke related deaths in every local government area across the state. It indicated that smoking related deaths are the leading cause of preventable death in every local government area in Victoria, outstripping deaths caused by illicit drugs, alcohol and road deaths.

Smoking is also associated with the top 3 indicators in the Burden of Disease report for the Goulburn Valley Primary Care Partnership catchment. Cigarette smoking is implicated in the major chronic illness groups of cardio-vascular disease, cancer, respiratory disease and diabetes. It is an issue that affects every GVPCP member agency in one way or another, either as an issue relevant to direct client care, and/or to the occupational health and safety of staff. Between them, Goulburn Valley PCP member agencies are responsible for a significant number of staff, and through their human resources and occupational health and safety policies and practices have capacity to model new initiatives, which address the issue of smoke free workplaces in a primary care setting.

Program Goal

To promote clean air policies and practices in member agencies and generate increased awareness of options for staff and consumers to quit smoking.

Program Objectives

1. Resource and support GVPCP member agencies to implement policies and procedures aimed at reducing tobacco harm
2. Resource and support GVPCP member agencies to develop employee assistance programs to help employees who smoke to quit smoking.
3. Resource and support Clean Air Resource Workers (CARW) to maintain best practice.
4. Increase access to local Quit programs and Quit facilitators.
5. Raise awareness of environmental tobacco harm and prevention strategies.
6. Support staff of member agencies in providing effective follow-up assessment and advice on smoking risks identified through the Health Behaviours Profile (Service Co-ordination tool).

Priority Target Group

GVPCP member agencies and affiliates are the priority target group for this initiative. Implementation of the project's strategies will benefit:

- Staff who practice in home-visiting and centre based environments
- Staff who smoke
- Clients and consumers of member agencies who smoke
- The wider community (smokers and non-smokers)

Solution Generation

Evidence Based and Best Practice Models

As described in GVPCP Community Health Plan 2002-2003, data indicates that smoking related deaths are the leading cause of preventable deaths in the 3 local government areas of the Goulburn Valley Primary Care Partnership. Smoking is also associated with the top three indicators in Burden of Disease reports for the catchment.

It has been well established that the benefits of stopping smoking, even just in terms of risk reduction, far outweigh any perceived benefits of smoking. These benefits are even more accentuated for those people with significant illness conditions such as Cardio Vascular Disease (CVD) and Type 2 Diabetes.

GVPCP members will be able to make an impact on the level of smoking cessation activities provided to their clients through use of the Health Behaviours Profile, Service Co-ordination tool. Opportunities also exist for GVPCP to build the capacity of its members to effectively deal with the challenges posed by clients who smoke.

Relevant Statewide/ National Action

The initiative will draw on the QUIT program in recognition of their position as market leader of smoking cessation research and practice, and will seek consultation as and when required.

Appropriate mix of interventions

The mix of interventions for this strategy includes health education, workforce development and organisational development.

Activities Required

- GVPCP will continue to work with member agencies to integrate the Smoke Free Workplace Policy Tool Kit, as outlined in previous CH Plans.
- GVPCP will also research and/or develop best practice tools which identify the extent of an individual's smoking addiction and what might be the most appropriate smoking cessation intervention to recommend to that individual. Such a tool would be applicable to clients of both acute and primary health care settings. The tools will be trialed with at least two member agencies, one of which will be a Psychiatric Disability Service and the other an acute health care setting. Findings from the trial will be disseminated to all member agencies and affiliates. Use of the tool will be prompted through the use of the Health Behaviours Profile.
- GVPCP will review the Better Access to Services Strategy model to reflect the process of linking the *smoking addiction indicator* to the Health Behaviours Profile.
- Work with at least two member agencies to develop a generic employee assistance program.
- Research and disseminate current best practice consumer information related to passive smoking and other smoking related topics.
- Maintain and resource a professional development support mechanism for its Clean Air Resource Workers (CARW).
- Work with Quit to provide Quit Facilitator training within the GVPCP catchment.

Support and Resources

Roles and Responsibilities of Stakeholders

Between them, Goulburn Valley Primary Care Partnership member agencies are responsible for this initiative, and will be supported by the trained 'Clean Air Resource Workers' and the Clean Air Health Promotion worker.

Assessment and Allocation of Resources

To support this initiative, .25 FTE Health Promotion Worker for 12 months will be required.

Key Capacity Building Strategies

Staff education on:

- Use of the Health Behaviours Profile and follow-up protocol
- Environmental Tobacco Smoke harm
- Quit FreshStart training for staff wanting to take on a QUIT facilitator role

Review and Evaluation

Process Indicators

- Three member agencies will be involved in the trial of the Smoke Free Workplace Policy Tool Kit
- Two member agencies will be involved in the trial of the *smoking addiction indicator* tool
- Two member agencies will be involved in the development of the Employee Assistance Program
- Seventy-five percent of Clean Air Resource Workers will have access to the CARW Network
- Quit Victoria will be engaged to deliver Quit FreshStart Training in the GVPCP catchment
- Recognised leaders in smoking reduction best practice will be engaged as key informants

Impact Indicators

- Eighty percent of member agencies integrate Smoke Free Workplace Policy & Procedure
- Eighty percent of member agencies integrate *smoking addiction indicator* tool
- Eighty percent of member agencies link Health Behaviours Profile to *smoking indicator tool*
- Number of member agencies with an Employee Assistance program will rise to 80%
- 100% of member agencies will have access to current best practice consumer information on smoking related issues
- Seventy-five percent of CARW will have engaged in the CARW Network
- Number of Quit FreshStart Facilitators in catchment will increase by 200%

Outcome Indicators

- GVPCP member agency's staff are not exposed to Environmental Tobacco Smoke during home visits
- Clients of member agencies who smoke, or who have recently stopped smoking, are offered smoking cessation advise
- Employees who smoke have access to Employee Assistance programs
- Clients of member agencies receive information about Environmental Tobacco Smoke
- Clean Air Resource Workers have current knowledge on best practice smoking cessation activities
- Staff and clients of member agencies have increased access to Quit Facilitators and Quit programs

BETTER RURAL HEALTH: INTEGRATED HEALTH PROMOTION PROGRAM PLAN 2003-2005

Name: Goulburn Valley Primary Care Partnership

Program Goal: To promote **clean air** policies in member agencies and generate increased awareness of options for staff and consumers to quit smoking.

Population Target Group: Member agencies of Goulburn Valley Primary Care Partnership

Program Objectives	Interventions/Capacity Building strategies	Impacts (Qualitative &/or Quantitative)	Reach	Timelines & By Whom	Estimated Staff Costs (including staff oncost)	Estimated Consumables Costs	Estimated Total Cost
<p>Objective 1: Resource and support PCP member agencies to implement policies and procedures to address issues related to cigarette smoking.</p>	<p>Organisational Development <u>Strategy 1</u> Continue to work with member agencies to integrate the Smoke Free Workplace Policy Tool Kit, as outlined in previous plans.</p> <p>Disseminate findings through the GVPCP Knowledge Exchange, and via GVPCP communication strategy.</p>	<p>80% of member agencies integrate the policies and procedures</p> <p>Member agency staff are not exposed to Environmental Tobacco Smoke during home visits</p>	<p>Three member agencies will be involved in the trial of the Smoke Free Workplace Policy Tool kit</p>	<p>By end June 2004, Clean Air project worker</p>	\$19,200	\$2,000	\$21,200
	<p><u>Strategy 2</u> Research best practice tools which identify the extent of an individuals' smoking addiction and what might be the most appropriate smoking cessation intervention to recommend to that individual, applicable to clients of both acute and primary health care settings.</p> <p>Trial the tools in at least two member agencies – one of which will be a Psychiatric Disability Service the other an acute health care setting.</p>	<p>80% of member agencies integrate the <i>smoking addiction indicator</i> tool</p> <p>Clients of member agencies who smoke are offered smoking cessation advise</p>	<p>Two member agencies will be involved in the trial of the <i>smoking addiction indicator</i> tool, one of which will be a Psychiatric Disability service provider and the other an acute care service provider</p>	<p>By end June 2004, Clean Air project worker</p>			

Goulburn Valley Primary Care Partnership—Community Health Plan, 2003-2005

Program Objectives	Interventions/Capacity Building strategies	Impacts (Qualitative &/or Quantitative)	Reach	Timelines & By Whom	Estimated Staff Costs (including staff oncost)	Estimated Consumables Costs	Estimated Total Cost
	Disseminate findings to member agencies and affiliates.						
					\$19,000	\$2,000	\$21,200

Strategy 2: Mental Illness and Chronic Illness

Problem Definition

Self-management of diabetes and other chronic illnesses can be more difficult for those already experiencing long-term mental disorders such as Schizophrenia. Services provided in Shepparton by the Mental Illness Fellowship of Victoria have identified concern regarding the poorer management of conditions such as diabetes, within their consumer group. The establishment of the HARP Complex Care Program through Goulburn Valley Health provides opportunity to pilot an integrated self-management model specifically tailored to the needs of this group.

Goals

To reduce the occurrence of co-morbidity resulting from individuals experiencing both mental illness and chronic illness.

Objectives

To improve service co-ordination and self-management ability of people experiencing mental illness and co-existing chronic disease.

Population Target Group

Individuals experiencing mental illness and other chronic disease such as diabetes mellitus, respiratory and cardiovascular disease.

Solution Generation

Use evidence based practice and good practice models:

An Integrated Rehabilitation/ Self Management Model has been identified as an effective approach, which can be adapted to address issues relating to the management of chronic illness for individuals experiencing a mental illness. Implementation and evaluation of this model in a psychiatric disability service setting will provide opportunity to reach an underserved population group and build staff capacity.

Identify Relevant Statewide action

The implementation of the integrated self-management model supports the *New Directions for Victoria's Mental Health Services - The Next Five Years* as it seeks to evaluate a strategy to address the unmet health need of consumers identified by service providers in the GV PCP catchment area. This pilot project will enable the evaluation of new approaches that seek to be responsive to the rural/local issues associated with co-morbidity management for individuals experiencing mental illness.

Identify the Appropriate mix of interventions

The mix of interventions includes health education for participating consumers, workforce capacity building for participating staff from Mental Illness Fellowship Victoria, and organisational development through piloting and evaluation of a new service model. This will involve:-

- Combined program of rehabilitation/support /education covering diabetes, cardiac and respiratory information management alongside co-existing depression/anxiety problems.
- Establishment of linkages to improve communication between sectors regarding disease management issues as well as discharge planning and follow up.

Identify the Activities required

A weekly program of education/support running over 6 weeks will be conducted at Mental Illness Fellowship facilities, and will be delivered by both Mental Illness Fellowship and Goulburn Valley Health Complex Care team staff.

This program will be repeated at points during the year to ensure access for newly diagnosed clients. Staff training will be provided to support and maintain programs, and a range of appropriate consumer information and resources provided.

Support and Resources

Identify the roles and responsibilities of the key stakeholders, including who will implement and monitor each activity:

Complex Care Program staff from Goulburn Valley Health will deliver the initial program and provide a group facilitation guide for subsequent programs. Staff education will also be provided to Mental Illness Fellowship staff.

Mental Illness Fellowship will form a partnership with the Complex Care Program team to participate in the establishment of an appropriate program reflecting local need.

Goulburn Valley Primary Care Partnership project workers will be responsible for disseminating findings from the pilot project in conjunction with the Complex Care Manager from Goulburn Valley Health. This will increase awareness of opportunities to reduce co-morbidity for people with mental illness.

Assess and allocate appropriate resources:

Staff time will be required from Mental Illness Fellowship Victoria and Goulburn Valley Health's Complex Care Program team, to implement the program.

Provision will need to be made for educational resources and for refreshments for program participants.

GV PCP project worker time will be required to assist with evaluation and dissemination of information on the successes and issues identified through the pilot.

Identify key capacity building strategies required to ensure success (including workforce development)

Clear referral pathway for access to the program will be developed and agreed, and a detailed description of the program curriculum and evaluation measures documented and agreed.

Staff engagement and training for Mental Illness Fellowship staff will be required.

Support from executive of both Mental Illness Fellowship and Goulburn Valley Health will be sought.

Identify proposed timeline

The program will be developed and piloted by Dec 2003

Plan for Review and Evaluation

Process:

Review will be carried out after initial pilot delivery and will consider measures such as:-

- Number of Mental Illness Fellowship staff participating in training
- Number of people with co-occurring mental illness and chronic illness registering with the program, and participation rates over the life of the pilot.

Impact:

Self-management ability of the clients will increase alongside development of partnership approach to ongoing management and support.

Outcome:

Increase in numbers of individuals living with a mental illness seeking intervention and/ or receiving appropriate self-management education for chronic illness management.

Strategy 3: Aboriginal Health

Problem Definition

Very little information is available at present to assist in identifying the health needs of local Aboriginal people. Understanding of Aboriginal health is primarily extrapolated from national data, or from research undertaken in central, western and northern Australia, where Aboriginal communities are often more remote. This initiative will enable aggregation of data through the Ferret data-base used by the health service at Rumbalara Aboriginal Co-operative to give a clearer and more accurate view of the health and well-being needs of Aboriginal and Torres Strait Islander people and non-Aboriginal people who access the service.

Goals

To work with Rumbalara Aboriginal Co-operative to develop a population health profile of the local Aboriginal community in order to inform evidence based approaches to integrated service planning and health promotion interventions to reduce health inequality for Aboriginal people.

Objectives

Resource and support Rumbalara Aboriginal Co-operation (RAC) to collate and analyze patient information from the Ferret database.

Work with member agencies, the University of Melbourne Department of Rural Health and DHS to collate other service utilization and Aboriginal health status data to contribute to development of a local Aboriginal Health Profile for the GV PCP catchment.

Disseminate findings through GV PCP's Knowledge Exchange to inform integrated service planning and health promotion.

Population Target Group

Rumbalara Aboriginal Co-operative and GV PCP member agencies, and through them Aboriginal and Torres Strait Islander communities within the Goulburn Valley.

Solution Generation

Use evidence based practice and good practice models:

Using the recently introduced Ferret database, Rumbalara Aboriginal Co-operative will be able to identify trends in the use of its health service, and the major issues and reasons for attendance. This will then enable intervention and prevention programs to be better tailored to identified needs.

A "Data Development Team" has been established between Goulburn Valley Health and Rumbalara Aboriginal Co-operative as part of the Outcomes Agreement between these organizations. There is opportunity to complement and support the work this team is doing in collating and analyzing hospital data. The development of an Aboriginal Services Plan for the Hume Region will also require a more comprehensive understanding of Aboriginal health status and needs, and the GV PCP initiative will be able to contribute to this understanding.

Identify Relevant Statewide action

The Koori Human Service Unit within DHS provides an annual Koori Health Counts report, with information primarily drawn from data supplied by Aboriginal Liaison Officers located in 18 of Victoria's public hospitals. The initiative will also draw on the National Aboriginal Health Plan

Identify the Appropriate mix of interventions

This initiative uses a mix of organizational development and resource development to achieve its objectives. Information resource development through collation of a Goulburn Valley Aboriginal Health Profile will be combined with policy and strategic planning components of organizational development.

Identify the Activities required

Rumbalara to employ a data co-ordinator to collate and analyze Ferret data.
Liaise with Rumbalara & GV Health Data Development Team to pool data.
Document a Goulburn Valley Aboriginal Health Profile report from the data.
Disseminate the report through Goulburn Valley PCP Knowledge Exchange.

Support and Resources

Identify the roles and responsibilities of the key stakeholders, including who will implement and monitor each activity:

Rumbalara Aboriginal Co-operative will have primary responsibility for co-ordination of this initiative.
GV PCP member agencies will support the initiative through the contribution of relevant service utilization data, and staff of the PCP will provide assistance with report production and dissemination through the Knowledge Exchange.

Assess and allocate appropriate resources

Rumbalara Aboriginal Co-operative will be contracted to manage the project and will require dedicated data support time and occupancy costs to be covered by the project.

Identify key capacity building strategies required to ensure success (including workforce development)

Key capacity building requirements include the development of a “data map” to enable data to be collated on a regular basis using consistent data fields and definitions for comparison over time. There will also need to be agreement with Rumbalara about how data is analysed, reported and used by PCP member agencies in a culturally appropriate way.

Identify proposed timeline

This initiative will be undertaken over a 9 month period.

Plan for Review and Evaluation

Process

Rumbalara Aboriginal Co-operative is contracted to manage the project.

Impact

PCP member agencies contribute supplementary data to support the project
PCP member agencies (including Rumbalara Aboriginal Co-operative) report using the Aboriginal Health Profile to inform their service planning.

Outcome

An Aboriginal Health Profile for the Goulburn Valley is available to PCP member agencies through the Knowledge Exchange.

Better Rural Health: Promoting Healthy Ageing

Community and Service Profile

With the Victorian population of ‘baby boomers’ expected to significantly impact on the proportion of people aged 65 and over in the next 20 years, healthy ageing has significant implications for older people and society. The proportion of people aged 65-84 in Victoria is expected to increase from 11.3% (1996) to 14.6% (2016) and people aged 85+ to almost double (Department of Human Services, 1999:30).

Projections of the population distribution in the Goulburn Valley Catchment Area indicate that the proportion of older people is expected to be higher than the Victorian estimates. Estimates indicate that by 2010 people aged 65-84 are predicted to account for 23% of Strathbogie residents, 19.5% of Moira residents and 12.6% of Shepparton residents. By 2010 people aged 85 and above are predicted to account for 3.7% of Strathbogie residents, 2.3% of Moira residents and 1.6 Greater Shepparton residents (Department of Infrastructure, 2000).

As the population ages, the prevalence of chronic illnesses such as diabetes and cardio-vascular disease (CVD) also increases. According to VAED statistic for 2000/01 there were 8641 hospital admissions for persons aged 65 years and over from the GV PCP catchment. ‘Ageing is expected to have a major impact on the demand for health services with a minimum increase in hospital expenditure of 37 per cent needed by 2016 to keep levels of services at current levels of ill health.’ (DHS 1999:2).

Goulburn Valley Primary Care Partnership’s catchment also holds a significant population of ageing people for whom English is a second language, significantly from Italian and Greek speaking backgrounds. A detailed profile of the health needs of older persons has been developed as a supplementary profile of the GV PCP Community and Services Profile.

The *Commonwealth, State and Territory Strategy on Healthy Ageing 2000* ‘signals the commitment of all governments to work together with the Australian community to develop a planned response to the challenges of an ageing society and people living longer.’

The principles of the Commonwealth, State and Territory Strategy on Healthy Ageing are:

- To support independence;
- Encourage a good quality of life for Australians as they age;
- Promote fairness and equity;
- Recognise interdependence;
- Recognise and respond to Australia’s growing diversity; and
- Encourage personal responsibility while providing support for those most in need.

These principles underpin the vision of the strategy that is:

‘A fair society where older people can lead satisfying and productive lives which maximise their independence and well-being.’ (Commonwealth Department of Health and Aged Care, 2000)

The Greater Shepparton Municipal Public Health Plan 2002-2004 acknowledges a community issue to be the lack of awareness of activities and events for promoting health and a sense of belonging. Similarly, the Moira Shire Public Health Plan 2000-20003 aims to support, advocate and develop community initiatives and programs to enhance the quality of life of residents, and to advocate and support the residents to live safe, active, healthy and meaningful lives.

Priorities

Encourage a good quality of life for people in the GV PCP catchment as they age, in particular by promoting physical activity and mobility

New and emerging issues flagged by GV PCP member agencies to be investigated in year two of this Community Health Plan include identification of appropriate GV PCP strategies to:-

- Address sensory disorders, in particular vision impairment and hearing loss.
- Improve navigation of the aged care delivery system for older people, their families and carers.

Strategies

This initiative will focus on strengthening protective factors for healthy aging by promoting physical activity and mobility. This will include:

- The roll out of the Italian and Greek translated/sub-titled *Active for Life: Getting Better With Age* video's
- Dissemination of the Physical Activity Register to GV PCP member agencies in hard copy and electronically through the Knowledge Exchange.
- Promoting effective use and follow-up of the Health Behaviours Profile

Strategy 1: Active for life.

Problem Definition

Population and demographic data indicates that the catchment area, incorporating the three local government areas of City of Greater Shepparton, and Shires of Moira and Strathbogie, has a growing and ageing population, with more middle aged and elderly people retiring in the local area. Health status data also indicates that this population group has an increased prevalence of falls, chronic illness and diseases associated with ageing. Research indicates that the Burden of Disease can be reduced by health promotion interventions such as improving physical activity and mobility, which strengthen protective factors and reduce risk factors for healthy ageing.

Goals

To promote “Healthy Ageing” amongst the catchment population of the Goulburn Valley Primary Care Partnership

Objectives

To build capacity within the GV PCP for promoting healthy ageing by:

- Disseminating best practice information on promoting older persons health.
- Supporting member agencies in promoting older persons participation in physical activity.

Population Target Group

GV PCP member agencies are the priority target group for this initiative in raising their skills, knowledge and experience in applying health promotion principles and approaches to an ageing population.

Solution Generation

Evidence Based Practice and good practice models:

There is a wide range of theoretical and research evidence to support health promotion activities that strengthen the protective factors for older people. Improving physical activity and mobility are generally well- recognized approaches to prevention and self-management of diabetes and cardiovascular disease. VICFIT's *Active For Life* program provides a range of initiatives such as the Active Scripts program with GP's, to promote physical activity to reduce risk factors for these diseases.

Within the catchment there has been significant development of community based Strength Training and Tai-Chi programs, primarily through the Footholds On Safety 2 program. As these programs have developed, it has become increasingly clear that there is a need to maintain and disseminate in a systemic way, up-to-date information for service providers about what services and activity programs are available, and how clients can access these programs. A key focus of this strategy therefore will be the development and dissemination of an older persons physical activity register.

Italian and Greek sub-titling and voice-over of the *Active Living: Getting Better With Age* videos and translation of accompanying pamphlets was completed in 2002/03, as part of the language services best practice project undertaken by GV PCP in partnership with CHIS. There is opportunity to strengthen the up-take and use of this material, by involving PCP member agencies in using the video's, translated material and using interpreters in health promotion settings with these community groups, as part of their health promotion activity with older people.

Relevant statewide action

There are a range of resources at a Statewide level, which would be drawn upon to support the GV PCP initiative, for example, the Department of Human Services' *Active Living: Getting Better with Age*, and VICFIT's *Active for Life* program.

Vic Health's "*Together We Do Better*" mental health and well-being campaign will also be drawn upon to highlight opportunities for strengthening social connectedness and sense of belonging through participation in physical activity.

Appropriate mix of interventions

Strategies to be addressed through the Health Ageing initiative will focus on organisational development and building workforce capacity for effective health promotion with an ageing and diverse population.

Activities required

- Information for the Physical Activity Programs Register will be collated
- The Register will be presented in an electronic and hard copy format
- Field testing with GV PCP member agencies, affiliates and consumers will be conducted, with adjustments made as required
- The directory will be disseminated to GV PCP member agencies via the Knowledge Exchange
- Disseminate subtitled videos and translated publications of the *Active for Life: Getting Better with Age* to Italian and Greek communities.
- Provide staff education on effective use of the Health Behaviours Profile, and how to use the physical activity register in providing follow-up information and support in regard to physical activity and physical fitness components of the profile.

Support & Resources

Roles & Responsibilities of stakeholders

Dedicated project worker time will be required to co-ordinate this initiative, and will be supported through GV PCP Executive Committee, and the Team Leader. Links with co-occurring local projects have already been established including the City of Greater Shepparton Municipal Public Health Plan focus group addressing physical activity and healthy eating as one of four goals within the plan, and with the Participation in Community Sport and Active Recreation (PICSAR) Scheme, which is a 3 year program being co-ordinated by ValleySport.

Assessment and allocation of resources

To support this initiative 0.25 FTE of a 0.7 Health Promotion Officer for 12 months will be required. Staff training resources, venue and catering costs will need to be provided for, as will consumer participation costs.

Key capacity building strategies

Capacity building will occur hand-in-hand with the roll out of the Language Services Tool Kit and Italian and Greek versions of the *Active For Life: Getting Better With Age* videos. Organisational development will occur via development and dissemination of the physical activity directory through GV PCP's Knowledge Exchange website and by building links with co-occurring initiatives, for example the Participation in Community Sport and Active Recreation (PICSAR) Scheme. Workforce development will be required in a number of areas and will be provided through training in regard to:-

- Using the Health Behaviours Profile and how to use the physical activity register.
- Using the *Active For Life: Getting Better With Age* videos and working with interpreters in a health promotion setting using the Italian and Greek versions of the video.

Proposed timelines

This strategy will be undertaken over a twelve month period, with on-going dissemination.

Plan for Review & Evaluation

Process

Italian and Greek versions of the *Active For Life: Getting Better With Age* will be launched and available to member agencies and community groups.

The Languages Services Tool Kit will be disseminated to all GV PCP member agencies (25) and affiliate members (11) Physical Activity Programs Directory will be collated and field tested with at least 10 consumers and at least three member agencies.

At least 20 PCP member agency staff participate in training

Impact

GV PCP member agencies (25) and affiliate members (11) will have access to both hard copy and electronic copies of the Physical Activity Programs Directory.

PCP staff report feeling confident in using the Health Behaviours Profile and using the Physical Activity Programs Directory to provide follow-up information

Outcome

Member agencies will have an increased capacity to promote physical activity for ageing clients and consumers from both mainstream and Culturally and Linguistically Diverse groups.

BETTER RURAL HEALTH: INTEGRATED HEALTH PROMOTION PROGRAM PLAN 2003-2005

Name: Goulburn Valley Primary Care Partnership

Program Goal: To promote healthy ageing in the Goulburn Valley Primary Care Partnership catchment population

Population Target Group Member agencies of Goulburn Valley Primary Care Partnership

Program Objectives	Interventions/Capacity Building strategies	Impacts (Qualitative &/or Quantitative)	Reach	Timelines & By Whom	Estimated Staff Costs (including staff oncost)	Estimated Consumables Costs	Estimated Total Cost
<p>Objective 1: To build capacity within the GV PCP for promoting healthy ageing</p>	<p>Capacity Building <u>Strategy 1</u> Roll out of the Greek and Italian Active for Life: Getting Better With Age videos <u>Strategy 2.</u> Provide staff training in using the Active for Life videos and working with interpreters in a health promotion setting. <u>Strategy 3</u> Information for the Physical Activity Programs Register will be collated and presented in both hard and electronic copies. Register will be field tested with a number of consumers and GV PCP member agencies, with adjustments made as required. The Register will be disseminated to GV PCP members and affiliates.</p>	<p>All member agencies and affiliates will have access to the video's</p> <p>A number of consumers will be engaged in field testing of the Register, as will at least three member agencies</p> <p>All member agencies and affiliates will receive a copy of the Register. The information will be available to the broader community through contact with members and affiliates and through the Knowledge Exchange</p>	<p>25 member agencies and 11 affiliate members</p> <p>At least 10 staff participate in the training.</p> <p>10 consumer consultants</p> <p>25 member agencies and 11 affiliate members</p>	<p>By end 2003, Health Promotion Project worker and Languages Service Project worker</p> <p>By June 2004, Health Promotion Project worker</p>	\$13,000	\$4,000	\$14,000

Goulburn Valley Primary Care Partnership – Community Health Plan, 2003-2005

Program Objectives	Interventions/Capacity Building strategies	Impacts (Qualitative &/or Quantitative)	Reach	Timelines & By Whom	Estimated Staff Costs (including staff oncost)	Estimated Consumables Costs	Estimated Total Cost
	<u>Strategy 4.</u> Provide staff education in use of the Health Behaviours profile and how to use the Physical Activity Register in providing following up information,	Staff report confidence in using the Health Behaviours Tool and Physical Activity Register	10 staff participate in training	By June 2004; Health Promotion worker			
TOTAL COSTS					\$13,000	\$4,000	\$14,000

Better Rural Health: Building Healthy Families and Communities

Community and Service Profile

Early family life is internationally recognised as a key social determinant of health. Families with children therefore are a key priority for GV PCP with the objective of building resourceful families, and enabling them to effectively utilise resources within their communities

The 2001 Census identified that families with children accounted for 48% of households in Greater Shepparton, 44% in Moira, and 39% in Strathbogie. For the Hume Region, Strathbogie had the greatest percentage of families without children (48%). Sole parent families accounted for 15% of families in Greater Shepparton and 12% of families in Strathbogie and Moira (2001 Census). Strathbogie also accounted for the highest percentage of people living alone. 13% of households in Strathbogie had people living alone, Moira 10% and Greater Shepparton 9% (Census 2001).

The *Unequal in Life* study conducted by Jesuit Social Services in 1999, examined the distribution of social disadvantage using a range of indicators including unemployment, low income, low birth rate, child abuse, education level, school leavers < 15 years, emergency assistance, psychiatric hospital admissions, court convictions, child injuries, unskilled workers, court defendants. The study highlighted that Goulburn Valley PCP catchment area experienced significant social disadvantage. Shepparton was ranked 19th out of a possible 622 postcodes in Victoria in terms of social disadvantage. Mooroopna was ranked 53rd, Euroa 130th, Nagambie 147th and Cobram 214th in terms of social disadvantage (Vinson, 1999).

The Commonwealth Government's Stronger Families and Communities Strategy, April 2000 demonstrates a commitment to building resourceful families. Initiatives of the strategy include a childhood/parenting focus on strengthening families, parenting and family relationship support, improve access to childcare services and providing skills and support for community leadership in disadvantaged areas (Commonwealth Department of Family and Community Services, 2000).

Preliminary reports from the 'Crossroads' Household Survey and Undiagnosed Disease Studies undertaken by the University of Melbourne, identified that rates of obesity in the four towns studied in our catchment area (Shepparton, Mooroopna, Euroa and Cobram), were greater than the national average, and greater than that found in the Australian Diabetes, Lifestyle and Obesity Study. Physical activity, nutrition and healthy weight are recognized as modifiable risk factors which are implicated in chronic illnesses such as cardio-vascular disease and diabetes, and in falls prevention.

The study also showed that children were not eating the recommended serve of fruit (2 serves) and vegetables (5 serves). In Shepparton and Mooroopna 74% of children were eating the recommended serve of fruit, however only 16% were eating the recommended serve of vegetables. In Cobram, 50% of children were eating the recommended serve of fruit and only 29% were eating the recommended serve of vegetables. In Euroa 66% of children were eating the recommended serve of fruit and 28% were eating the recommended serve of vegetables. (School of Rural Health, University of Melbourne, Crossroads Study)

Nutrition has been highlighted as one of the key factors in healthy development of children as early as the fetal stage. Infants born outside the healthy weight range tend to have higher rates of ill health. Low levels of critical nutrients during pregnancy, such as folate, iron or calcium, are now accepted as leading to developmental problems. (Eat Well Australia, pg.15) The lack of these vital nutrients can be attributed to children and women during pregnancy not consuming the recommended serves of fruit and vegetables.

Within Greater Shepparton over the last five years there has been a substantial increase in new arrivals from Iraq and Kuwait (Dept of Immigration and Multicultural Affairs Settlement Database – 2001). Similar increases have been experienced within the Moira Shire, particularly in the Cobram area. Many of these are younger families with children. Anecdotal evidence has suggested high rates of gestational diabetes amongst women from these communities, and a growing number of reports of Ricketts (Vitamin D deficiency) in children.

Priorities

A concern for GV PCP is to support healthy families within Arabic speaking communities from Iraq and Kuwait, in particular by assisting them to gain access to services and information to support healthy childhood development, including nutrition in pregnancy and childhood.

Other emerging issues to be investigated in Year 2 of the Health Plan:

- Support needs of Parents and Carers of people with a disability
- Access to services and service co-ordination during the ante-natal period
- Access to and up-take of parenting education programs.

Strategies

Strategies will focus in 2003/04 on building PCP member agency and staff capacity in engaging with Arabic speaking communities, and in using language services to support service co-ordination and health promotion.

Strategy 1: Improving Cultural Access

Problem Definition

Many member agencies report that their services are under utilised by members of the Arabic speaking refugee communities, and there has been limited use of interpreting and translation services. This means these families are not accessing services such as Nutrition/Dietetics, counselling and health promotion activities. There may be a number of reasons why services are not being accessed. Engagement with the community will be essential to developing this understanding, and developing appropriate strategies to address these barriers.

Goals

Assist GV PCP member agencies to make their services more accessible and culturally responsive to families from Arabic speaking refugee communities from Iraq and Kuwait.

Objectives

- Build staff understanding and skills in providing culturally responsive services and information to recently arrived Arabic speaking families
- Disseminate and apply the *Language Services Tool Kit* in working with Arabic speaking families in service co-ordination and health promotion settings.
- Trial the use of the *Identifying Interpreter Needs* tool within the Service Co-ordination Tool templates

Population Target Group

Member agencies
Arabic speaking families

Solution Generation

Use evidence based practice and good practice models

The Goulburn Valley Primary Care Partnership will use an Action Research approach to engage with consumers in identifying and/or developing culturally appropriate information about access to primary care services, and about physical activity and childhood nutrition. Consultation will also seek to identify the most effective way of distribution. The *GV PCP Consumer Participation Resource Kit* will guide the process of consumer engagement for the Action Research.

In 2002, Goulburn Valley PCP worked in collaboration with Ethnic Council of Shepparton and District Inc., Central Health Interpreter Services Inc (CHIS), Campaspe PCP, and DHS head office and Hume and Loddon Mallee DHS regional office to undertake the ‘*Quality Language Services in Rural Primary Care Settings*’ Best Practice Project. The Language Services Toolkit is a best practice resource developed as an outcome of the project and will be utilized to

apply best-practice approaches to commissioning translated information and identifying the need for and using interpreters.

The *Past Pieces Positive Futures* project is currently being conducted in the Moira Shire. Part of this project involves educating local residents to help them understand the trauma that has occurred for newly arrive Iraqi immigrants in their previous environment. This builds on the “*A Country Welcome*” project undertaken by Moira Shire in 2001/02.

Identify Relevant Statewide action

The Victorian Foundation for Survivors of Torture and Trauma is currently conducting an education program targeting health professionals to understand and more effectively respond to the needs of Arabic speaking refugees, and is already linked in with the *Past Pieces Positive Futures* project.

The Department of Human Services Nutrition Project – Maternal and Child Nutrition, has targeted families with young children as a priority in promoting healthy eating. The Eat Well Victoria Partnership also developed by the Department of Human Services, is aimed at creating an environment to facilitate active contribution to the improvement of health and burden of diet-related illness, disease, disability, and early death in an equitable way across communities. (Victorian Government Health Information) The information from these DHS initiatives can be utilized to ultimately improve nutrition for children by providing high quality information to parents about the importance of good nutrition during pregnancy and childhood.

Identify the Appropriate mix of interventions

The mix of interventions for this strategy includes health education, workforce development, and organizational development. This strategy will build PCP member workforce skills and sensitivity in working with Arabic speaking refugees, and support this increased capacity, with well-written and culturally appropriate information on promoting and supporting family and child health. It will also build workforce skills in understanding and working with Arabic speaking refugee groups.

Identify the Activities required

- Liaise with the Victorian Foundation for Survivors of Torture and Trauma to organize staff training in regard to culturally sensitive practice.
- Co-ordinate training programs to:
 - Build staff skills in applying the Language Services Toolkit guidelines for using translators and interpreters, including identifying the need for an interpreter
 - Build staff skills in developing well-written consumer information
 - Build staff skills in applying the Consumer Participation Resource Kit
- Gather existing consumer information publications on nutrition and physical activity, availability of translated copies, and information on how it is distributed.
- Working with Iraqi and Kuwaiti community members, identify information gaps, and draft new material as required
- Commission translated publications.
- Develop dissemination plan
- Registration of publications and disseminate register information through the Knowledge Exchange

Support and Resources

Identify the roles and responsibilities of the key stakeholders, including who will implement and monitor each activity:

Dedicated project worker time will be required to co-ordinate this initiative, and will be supported through- The *Past Pieces Positive Futures* steering committee, which includes:

- Iraqi consumers
- local community members
- PCP member agency staff
- DHS representatives.

The HACC Ethnic Health Worker, employed through the Regional Information and Advocacy Council, will be called upon for specific input and advice in regard to translation of publications.

Community health program dietetics and physiotherapy input will be called up to inform evidence based information to be included in translated material.

Assessment and allocation of resources

Dedicated staff time, staff education/workshop costs, printing and stationery, catering for culturally appropriate food, and translation costs will be the most significant cost items for this strategy.

Identify key capacity building strategies required to ensure success (including workforce development)

Workforce development will be integrated within the strategy in the areas of:-

- Culturally sensitive practice and understanding the health needs of Arabic speaking refugees
- Well-written consumer information – including commissioning of translated publications
- Consumer participation and consultation
- Identifying the need for and using interpreters

Further work on the GV PCP Knowledge Exchange will be undertaken to include a consumer information publications register, and links to appropriate translated publications and/or registers will be required to support dissemination of consumer information publications identified and/or developed through this strategy.

Identify proposed timeline

This strategy will be undertaken over a 12 month period, with on-going dissemination.

Plan for Review and Evaluation

Process

Number of PCP member agency staff participating in training

Impact

Number of publications available

PCP staff member's feedback on skills gained

Outcome

An increased number of PCP staff with skills and confidence in providing culturally appropriate information to Arabic speaking refugees/clients

An increased number of PCP staff with skills and confidence in commissioning translated publications, including consultation with consumers.

Iraqi refugees will have access to culturally appropriate information on supporting and promoting childhood nutrition and access to services

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